



ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

RLI Insurance Company
Peoria, Illinois

Home Business Insurance Application

Agency Name

Address

City State Zip

RLI Administrator/Broking Agent Number

Desired Effective Date: Taxes, Fees, And Surcharges \$ Premium \$

*Applies in Florida Only. Premium Installment Option: Select installment option if other than full payment is desired.

*Quarterly *Semi-Annual *Installment fees apply

Direct Bill Payment Email Address Where 1st Term Direct Bill Payment Link Will Be Sent

Agent Bill Payment

APPLICANT INFORMATION - Please answer each question completely.

NAMED INSURED (if a partnership, please provide all individual's names):

PHONE: FAX:

WEBSITE: EMAIL ADDRESS:

Consent for Electronic Delivery of Policy Forms to the email address provided above.

BUSINESS NAME:

MAILING ADDRESS:

Property Location Address
County Name
Construction (For Texas Only)
Frame Joisted Masonry
Noncombustible Masonry Noncombustible
Modified Fire Resistive Fire Resistive

PRIMARY LOCATION PROPERTY ADDRESS (if different from mailing address):

PLEASE CHECK BOX APPLICABLE TO INSURED TYPE:

INDIVIDUAL PARTNERSHIP/JOINT VENTURE CORPORATION/ORGANIZATION (Any Other) LLC

GENERAL UNDERWRITING INFORMATION

Please carefully read questions 1 through 18 and respond by checking (X) the appropriate "YES" or "NO" box. If any question 1 through 17 is answered "YES" or is not answered, you will not be eligible for coverage and this application should not be submitted to RLI.

- 1. Do you operate your business from a storefront location? YES NO
2. Is your business property permanently kept anywhere other than the residence(s) (residence includes outbuildings within 100 ft) or additional location(s) identified in the applicant information section of this application? YES NO
3. Have you had more than two claims of any type, related to your business operation, in the last three years? YES NO
4. Have you had a single claim, related to your business, for more than \$25,000 in the last three years? YES NO
5. Do you own any business under the same legal name as the "Business Name" shown, which is permanently "operated" from another location? (Note: Check "NO" if you have a storage location, second home or a partner working from their home. These are acceptable and should be listed as an additional location on of this application.) YES NO
6. Do you repackage food or personal care products to be sold under your own label? YES NO
7. Are you involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids? YES NO
8. Do you install any products, excluding the installation of computer systems, office equipment, key-locking devices, interior window treatments or vinyl signs and lettering? YES NO
9. During the last five years (ten in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) YES NO

10. Did your gross annual sales/receipts from your business pursuits for the most recent calendar year exceed \$250,000 for sale of merchandise or \$500,000 for a service business?..... YES NO
- A. Total estimated annual revenues \$ _____
- B. Estimated annual revenues from your manufactured products..... \$ _____
11. Do you employ more than ten (10) employees, other than independent contractors or distributors?..... YES NO
12. Is your dwelling located within 1,500 feet from the seacoast on the Gulf of Mexico or the Atlantic Ocean? (N/A in RI)..... YES NO
13. If you are a teacher/tutor (other than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? (Note: Check "NO" if this question is not applicable to your business.)..... YES NO
14. Do you perform any vehicle repair services (other than oil changes, oil filter changes, glass repair, interior detailing or vinyl/leather repair)?..... YES NO
15. Do you perform any of the following?..... YES NO
- Body Massage (other than face, scalp or hand); Hair Straightening by other than cold process; Tanning; Microdermabrasion; Acid Peels; Hair Replacement; Hair Removal (by electrolysis, thermolysis, or any process using radio waves); Ear Candling, Tattooing or Permanent Make-up; Ear or Body Piercing; Hydrotherapy/Saunas; or Body Waxing (other than facials).
16. Do you own or operate any other business under this entity that has not already been described on this application?..... YES NO
17. Are you an importer of foreign products?..... YES NO

Question 18 may be answered "YES" or "NO." If "YES" is selected the license, jurisdiction and category section must be completed; once the application is submitted underwriting will review for eligibility.

18. Do you have a contractor's license?..... YES NO
- If yes, please provide the following information:
 License # _____ Jurisdiction _____ Category _____

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your Home Business? YES NO

Please provide name and/or website address.

LIMITS/COVERAGE REQUESTED

General Liability	Deductible
Business Liability each occurrence <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Medical payments of \$5,000 each person included) Class limitations and exclusions may apply.	Standard Deductible is \$250 (No other deductible available)

OPTIONAL COVERAGES Please review the below listing of optional coverages available. Then select coverages which are desired by checking the box and filling in the requested coverage amount.

Optional Coverages:	Requested Optional Coverage Amount:
<input type="checkbox"/> Jewelry and Watch Increased Theft Coverage (\$250 Limit)	
<input type="checkbox"/> Money & Securities (On/Off Premises):	<input type="checkbox"/> \$1,000/\$1,000 <input type="checkbox"/> \$2,000/\$1,000 <input type="checkbox"/> \$3,000/\$1,000 <input type="checkbox"/> \$4,000/\$1,000 <input type="checkbox"/> \$5,000/\$2,000 <input type="checkbox"/> \$7,500/\$2,000 <input type="checkbox"/> \$10,000/\$5,000
<input type="checkbox"/> Electronic Data Processing Equipment, Data & Media: (EDP coverage) (Only applies in FL & CA)	\$ _____ (Maximum limit of \$25,000. The sublimit for off-premises EDP coverage is \$5,000. No other policy limit may be added to this sublimit.)

IDENTITY FRAUD EXPENSE COVERAGE (Not available in FL)

- Identity Fraud Expense Coverage (\$25,000 Limit)
- Is there any reason to believe that the business or any of its owners, officers, partners or employees have been a victim of identity theft in the past 5 years?..... YES NO
- (If "YES," attach a statement regarding the scope of the incident and how it has been resolved.)

LIMITS REQUESTED

Property (No Building Coverage)

Business Personal Property (BPP) on premises and while temporarily off premises.

Must equal 100% of replacement cost.

Primary Location BPP Coverage Limit \$ _____ (Minimum limit \$5,000)

(Total BPP Coverage limits may not exceed the maximum limit of \$100,000.)

Inland Flood Coverage Yes No N/A

(Total Inland Flood Limit will be equal to the BPP limit for each location where coverage applies, not to exceed the maximum location limit of \$50,000 or the maximum policy limit of \$100,000. State requirements may differ in minimum limit eligibility. Coverage is subject to location eligibility requirements and is not offered in AK, HI, FL, & LA.)

ADDITIONAL LOCATION UNDERWRITING QUESTIONS

If an additional location has been added, please complete the following questions. Please note: Risks may **store** BPP at an additional location, but may **not operate** their business from an additional location; other than a secondary residence. (Total Inland Flood Limit will be equal to the BPP limit for each location where coverage applies, not to exceed the maximum location limit of \$50,000 or the maximum policy limit of \$100,000. State requirements may differ in minimum limit eligibility. Coverage is subject to location eligibility requirements and is not offered in AK, HI, FL, & LA.)

Store front locations are not eligible.

Additional Location BPP Coverage Limit \$ _____ (Minimum limit \$5,000)

Inland Flood Coverage Yes No N/A

ADDITIONAL LOCATION PROPERTY ADDRESS:

Additional Property Location Address

County Name

Construction (For Texas Only)

- | | |
|--|---|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Joisted Masonry |
| <input type="checkbox"/> Noncombustible | <input type="checkbox"/> Masonry Noncombustible |
| <input type="checkbox"/> Modified Fire Resistive | <input type="checkbox"/> Fire Resistive |

1. Is this location a second residence that you rent or own in which you operate your business or store business personal property?..... YES NO
 2. Is this location a residence location of a partner that directly works from their own residence or stores business personal property at their residence?..... YES NO
 3. Is this location a storage unit that you rent or own? (maximum size 250 sq. ft.)..... YES NO
 4. Is this location an outbuilding located more than 100 ft. away from your residence?..... YES NO
- (Note: an outbuilding within 100 ft. from your residence does not need to be added as an additional location)

GARAGEKEEPERS COVERAGE (Not Available In FL)

Select Limit

As part of your operations, what is the greatest number of vehicles in your care, custody or control at any covered location, at any one time?

- One vehicle – may select \$30,000 or \$60,000 limit – please indicate limit:
- \$30,000
 - \$60,000
- Two to four vehicles – \$60,000 limit is mandatory
- More than four vehicles – not eligible for garagekeepers coverage

Locations for Garagekeepers Coverage

List all locations that you own or lease where you will conduct garage operations and describe the type of operations you will conduct at each location. — **AND** — List all other locations where you have, or will, conduct garage operations on more than 30 days in any 12-month period: Please describe the nature and ownership of this location (e.g., county fairgrounds, John Doe's home, etc.)

Location Number:

Street, City, State, ZIP:

Describe operations conducted at this location:

Describe ownership and nature of this location:

Select Coverage Option

Coverage is available for comprehensive and collision causes of loss. Please indicate the desired coverage option:

- Legal liability
- Direct coverage – primary basis (without regard to legal liability)
- Direct coverage – excess over customer's policy (without regard to legal liability)

Comprehensive losses are subject to a \$250 per auto and \$1,000 maximum deductible for any one event.

Collision losses are subject to a \$250 per auto deductible.

UNMANNED AIRCRAFT (Not available in NY)

Please note that Property Coverage for Unmanned Aircraft is on a Specified Perils basis plus theft and building glass breakage. Crash or collision with the ground will generally not be a covered loss.

Coverage for Non-Owned Unmanned Aircraft

For aircraft not owned by or rented or loaned to the named insured.

- Maximum Gross Takeoff Weight (MGTOW) 15 Pounds, or
- Maximum Gross Takeoff Weight (MGTOW) 55 Pounds

Coverage for Other Than Non-Owned Unmanned Aircraft

Property

Has Business Personal Property Limit been adjusted to include the insurable value of unmanned aircraft? YES NO

Liability

Check the Requested Coverages

- A. Bodily Injury And Property Damage Limited Coverage
- B. Personal And Advertising Injury Limited Coverage

Please note that Personal and Advertising Injury coverage is not available in conjunction with any class that triggers the Personal and Advertising Injury Exclusion, nor is it available with class 48 Publisher or class 121 Web Site Designer.

Schedule of Unmanned Aircraft

SUBMIT A COPY OF THE FEDERAL AVIATION ADMINISTRATION SMALL UAS CERTIFICATE OF REGISTRATION FOR EACH UNIT.

Make	Model	FAA Registration Number	Maximum Gross Takeoff Weight (MGTOW)

Schedule of Operators

SUBMIT A COPY OF THE US DEPARTMENT OF TRANSPORTATION, FEDERAL AVIATION ADMINISTRATION AIRMAN CERTIFICATE OR TEMPORARY AIRMAN CERTIFICATE FOR EACH OPERATOR.

Name	Date of Birth	Name	Date of Birth

BUSINESS CLASS

INCLUDE A DETAILED BUSINESS DESCRIPTION INCLUDING PRODUCTS AND SERVICES YOU SELL UNDER THIS ENTITY:

CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER HBP-117:
Based on the class selected, the HBP 203 Supplemental Application may be necessary.

DO YOU OPERATE ANY OTHER BUSINESS FROM YOUR RESIDENCE THAT IS NOT INDICATED IN THE DETAILED BUSINESS DESCRIPTION ABOVE?YES NO
 If "YES," what is the entity of this business? Individual Partnership/Joint Venture Corporation/Organization (Any Other) LLC
 Please provide a detailed description of this other business:

ADDITIONAL INSURED/LOSS PAYEE/PREMIUM FINANCE/WAIVER OF RIGHTS

Additional Insured **Loss Payee** **Lenders Loss Payee** *Attach a description of BPP for Loss Payee interest

Controlling Interest in this business
 Co-owner of Insured Premises
 Designated Person or Organization
 Manager or Lessor of Premises
 Lessor of Leased Equipment
 Owner or Lessor of Leased Land
 Grantor of Franchise
 Grantor of License
 State/Political Subdivision
 (for permits relating to the premises)
 Dispatcher or Referral Service (Blanket Form)
 Dispatcher or Referral Service (Scheduled Form)

Additional Insured Name _____
 Address _____ City _____ State & Zip _____
 Loss Payee Name/Premium Finance Company _____
 Address _____ City _____ State & Zip _____
 For Above Loss Payee, Provide Insured Location Address Where BPP Is Located _____
 Individual Or Entity To Be Named In Waiver Of Rights Of Recovery _____

Premium Finance Company **Waiver Of Rights Of Recovery**
What interest does the additional insured have in the insured's business? (Response is mandatory.)

Additional Insured **Loss Payee** **Lenders Loss Payee** *Attach a description of BPP for Loss Payee interest

Controlling Interest in this business
 Co-owner of Insured Premises
 Designated Person or Organization
 Manager or Lessor of Premises
 Lessor of Leased Equipment
 Owner or Lessor of Leased Land
 Grantor of Franchise
 Grantor of License
 State/Political Subdivision
 (for permits relating to the premises)
 Dispatcher or Referral Service (Blanket Form)
 Dispatcher or Referral Service (Scheduled Form)

Additional Insured Name _____
 Address _____ City _____ State & Zip _____
 Loss Payee Name/Premium Finance Company _____
 Address _____ City _____ State & Zip _____
 For Above Loss Payee, Provide Insured Location Address Where BPP Is Located _____
 Individual Or Entity To Be Named In Waiver Of Rights Of Recovery _____

Premium Finance Company **Waiver Of Rights Of Recovery**
What interest does the additional insured have in the insured's business? (Response is mandatory.)

APPLICANT'S STATEMENT

IMPORTANT: The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

FRAUD WARNING: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only. (Not applicable in CO, FL, KS, KY, ME, NJ, NY, OH, OK, OR, PA, TN, VA, WA)

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of Regulatory Agencies.

FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

*Applies in FL Only.

KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date: _____ **Applicant's Original Signature:** _____

Date: _____ **Producer's Signature:** _____

Agent's License Number: _____
(Required if the Applicant resides in the state of Florida.)

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

***THIS POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM OF 25% FOR INSURED REQUESTED CANCELLATIONS*
(MAY NOT APPLY IN SOME STATES)**

NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby elect to purchase coverage for certified acts of terrorism for the premium of \$_____ or _____% of the total policy premium. (Choose applicable amount.)
- I hereby reject this Offer Of Federal Terrorism Insurance Coverage. I understand that by making this election, an exclusion for terrorism losses, as allowed by law, will be made a part of this insurance policy.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. The premium attributable to any such required state coverage is 60% of the federal terrorism premium, which amount is part of and not in addition to the overall property premium charged for this insurance policy.)

Applicant/First Named Insured Signature or Authorized Signature

Title

Date

Policy Number

RLI Insurance Company
Insurance Company

HOME BUSINESS INSURANCE PROGRAM – RATING GUIDE

Virginia

Premium Calculation Instructions

- Step 1. Determine the rate group by referring to the Eligible Businesses list located on pages 2 and 3.
- Step 2. Identify the applicable base rate using the Base Rate table on page 4. The base rate is determined by the combination of territory (based on ZIP Code Sectionals) and Rate Group.
- Step 3. If optional coverages are desired, add additional premiums located on pages 4 and 5 to the base rate to calculate the premium total.

Note: Amounts should be rounded to the nearest dollar.

RLI Insurance Company

SAMPLE

Home Business Insurance Program Rating Worksheet

SAMPLE

Applicant's Name: Country Views Photography Effective Date: 05-01-2018

LOCATION DATA: State Code VA Zip Code 23295 Base Rate

Territory: **1**, **2** or **(3)** Rate Group: **A** or **B** or **(Z)** = \$201

The Basic Plan (base rate) includes: \$5,000 Business Personal Property on premises or temporarily off premises, \$300,000 Business Liability, Business Income and \$250 Deductible.

Total Business Personal Property (BPP) Amount: \$ 12,500

Business Liability Limits: \$300,000 \$500,000 \$1,000,000

<u>OPTIONAL COVERAGES:</u>	<u>LIMIT or EXPOSURE BASE</u>	<u>RATE PER \$100 or FLAT RATE</u>	<u>ADDITIONAL PREMIUM</u>
LOCATION ONE BUSINESS PERSONAL PROPERTY (BPP) COVERAGE (in excess of \$5,000 included in base rate)	<u>\$2,500</u>	x <u>2.75</u>	= <u>\$69</u>
LOCATION TWO BUSINESS PERSONAL PROPERTY (BPP) COVERAGE (total BPP coverage limits may not exceed the maximum limit of \$100,000)	<u>\$5,000</u>	x <u>3.30</u>	= <u>\$165</u>
LOCATION TWO INLAND FLOOD COVERAGE	<u>\$5,000</u>	<u>\$23</u>	= <u>\$23</u>
ADDITIONAL INSURED (charge per each additional insured)	<u>2</u>	x <u>\$20</u>	= <u>\$40</u>
INCREASED LIMIT OF LIABILITY	<u>X</u> \$500,000 <u> </u> \$1,000,000	<u>\$25</u>	= <u>\$25</u>
MONEY & SECURITIES	<u>\$1,000/\$1,000</u>	<u>\$30</u>	= <u>\$30</u>
IDENTITY FRAUD EXPENSE (\$25,000 aggregate limit)	<u>\$25,000</u>	<u>\$35</u>	= <u>\$35</u>
GARAGEKEEPERS COVERAGE – Legal Liability (Coverage options include: Legal Liability, Direct Excess, and Direct Primary – see rates for different coverage options)	<u>X</u> \$30,000 <u> </u> \$60,000	<u>\$230</u>	= <u>\$230</u>
UNMANNED AIRCRAFT - Other Than Non-Owned Coverage MGTOW 15lbs – Coverage Option A&B	\$500,000 (Occurrence Limit of Policy)		= <u>\$360</u>
(Coverage options include: Non-Owned Liability, Other Than Non-Owned Liability – Coverage A. BI & PD, Coverage B. Personal & Advertising Injury, Coverage A&B)			
PREMIUM TOTAL (Base Rate + Additional Premiums)			= <u><u>\$1,178</u></u>
COVERAGE FOR CERTIFIED ACTS OF TERRORISM			= <u>\$1</u>
FINAL TOTAL (Premium Total + Terrorism Charge)			= <u><u>\$1,179</u></u>

ELIGIBLE BUSINESSES FOR HOME BUSINESS INSURANCE PROGRAM (HBI)

The list of eligible businesses shown below are the ONLY businesses eligible. The application is self-underwriting. You and your customer know immediately whether we will accept the business. If the risk isn't eligible or doesn't qualify, you can save your customer the inconvenience of being declined. There's no reason to submit an ineligible application, because there are no exceptions. If you can answer the questions on the application "NO" and the business is listed as being eligible, the policy will be issued promptly.

Eligibility Class Number	Type of Business	Rate Group	Eligibility Class Number	Type of Business	Rate Group
63	Abstracting and Indexing Service (14)	B	25	Financial Planning, excluding discretionary trading authority and/or access to customer's funds (14)	B
1	Accounting Service (14)	B	26	Floral Arrangement (14)	A
2	Adjuster (Public or Independent Claim Adjuster) (14)	A	27	Food Broker	B
71	Advertising Specialty Items Sales (3) (14)	B	145	Food/Product Demonstrator	Z
3	Antique Gallery/Shop (1) (14)	A	28	Food Supplements/Vitamins (5) (14)	Z
4	Appraisal Service (14)	B	126	Furniture Refinishers (14)	A
5	Art Gallery/Art Studio (1) (14)	A	123	Games/Puzzles Vendor (5) (14)	A
6	Artist Supplies (14)	A	133	Genealogists (3) (14)	B
72	Auctioneer (3) (14)	A	30	Gift Delivery Service (5) (14) (balloons, gift baskets, etc.)	B
106	Auditor (14)	B	31	Gift Shop, excluding manufacturing/distribution of candles made by individuals (14)	A
7	Bakeries	Z	32	Glassware (14)	A
107	Balloon Art (14)	B	33	Graphic Artist/Designer (14)	B
130	Barbers (6) (14)	Z	34	Handicrafts, excluding manufacturing/distribution of candles made by individuals (14)	A
8	Barber Supplies (5) (14)	A	75	Hearing Aid Sales (14)	A
131	Beauticians (6) (14)	Z	35	Hobby & Model Supplies, excluding explosives and propellants (14)	A
9	Beauty Supplies (5) (14)	A	146	Hot Dog/Pretzel Vendors (11)	Z
140	Beverage Vendor (11)	Z	36	Household Products (Fuller Brush, etc.) (14)	A
66	Billing Service (14)	B	65	Information Search Retrieval (4) (14)	B
10	Book/Magazine Distributor (14)	A	76	Insurance Agent (14)	A
11	Bookbinding (14)	A	37	Interior Decorating (14)	B
12	Bookkeeping Service (14)	B	112	Interior Window Treatments (14)	A
92	Calligraphy (14)	B	95	Inventory Control Specialist (14)	B
73	Camera/Photography Sales or Repair (14)	A	38	Jewelry (Costume) (14)	A
108	Candle Sales, excluding sales of candles made by individuals (5) (14)	A	39	Kitchen Supplies (Tupperware, etc.) (14)	A
13	Candy/Nut Confections	A	40	Ladies/Girls Clothing, Accessories (14)	A
93	Car Detailer (14)	A	41	Lingerie (14)	A
109	Cell Phone/Pager Sales (14)	A	42	Leather Goods (14)	A
14	Ceramics (14)	A	77	Loan Origination Service (14)	B
74	Clock or Watch Repair (14)	A	78	Locksmith (14)	A
15	Clowns, Magicians, Entertainers excluding Bands & Disc Jockeys (10) (14)	Z	79	Market Research (4) (14)	B
16	Computer Consultants and Trainers who are not involved in development of custom applications/programs (14)	A	67	Medical Claims Processing (14)	B
17	Computer Repair (14)	Z	44	Mens/Boys Clothing, Accessories (14)	A
94	Computer Sales (14)	A	103	Models (3) (14)	B
18	Computer Service Bureau (14)	A	113	Monogramming (14)	B
19	Cosmetic Sales (Avon, Mary Kay, etc.) (3) (4) (14)	A	80	Musical Instrument Sales/Repair (14)	A
20	Crafts, excluding manufacturing/distribution of candles made by individuals (14)	A	124	Newspaper/Magazine/Book Delivery (14)	A
132	Dance Instructors (9) (10) (14)	A	114	Notaries (14)	B
110	Database Management (14)	B	96	Office Supplies Vendor (14)	A
141	Dessert Vendors (11)	Z	116	Paper Goods (14)	A
21	Desktop Publishing (3) (4) (14)	B	81	Pay Telephone Provider (14)	B
142	DJ's (3) (4) (10) (14)	A	45	Personal Care Products (4) (5) (14)	A
22	Draftsman (14)	B	97	Personal Fitness Trainer (10) (14)	Z
122	Dry Food Products/Mixes Vendor	A	134	Personal Image Consultants (3) (14)	B
64	Editorial Service/Proofreaders (3) (4) (14)	B	82	Personalized Books & Gifts (14)	B
111	Embroidery (14)	B	147	Pet Accessories (4) (5) (14)	A
143	Energy Provider (12) (13) (14)	B	135	Pet Sitters (7) (14)	Z
23	Engraving (14)	B	46	Photographer/Photography Studio (14)	Z
24	Expert Witness Consultants (14)	B	29	Picture Framing (14)	A

-- ELIGIBLE BUSINESSES CONTINUED ON PAGE 3 --

ELIGIBLE BUSINESSES FOR HOME BUSINESS INSURANCE PROGRAM (HBI) continued

Eligibility Class Number	Type of Business	Rate Group	Eligibility Class Number	Type of Business	Rate Group
144	Plant Care and Sales (7) (14)	Z	57	Trophy Sales (14)	A
117	Prepaid Calling Card Vendor, excluding sales from vending machines (14)	A	99	TV/VCR Repair (14)	Z
47	Printer (3) (4) (14)	B	148	Unmanned Aircraft Operations (2)	Z
68	Professional Organizer (14)	B	100	Upholsterer (14)	A
104	Professional Speakers (3) (14)	B	88	Video & Music Sales/Rental (14)	A
48	Publisher (4) (14)	B	58	Videotaping, Dubbing, Editing (3) (14)	A
83	Real Estate Agent (14)	B	129	Vinyl/Leather Repair (14)	A
49	Religious Goods (14)	A	149	Vinyl Lettering (14)	A
136	Residential Inspection Services (8) (14)	A	121	Website Designer (14)	B
84	Resume Service (14)	B	89	Wedding & Party Planners (14)	B
137	Retail Toy Sales (14)	A	59	Wedding Cake and/or Cookie Sales	Z
69	Rubber Stamp Business (14)	B	90	Windshield Repair (14)	A
127	Scrapbooking (14)	A	138	Wood Furniture Crafters (5) (14)	Z
51	Secretarial Service (14)	B	60	Wood Products, excluding toys and furniture Manufacturing (14)	A
128	Seed Sales (14)	A	61	Word Processing (14)	B
52	Shoe Repair (14)	Z	62	Writers/Authors (3) (4) (14)	A
118	Sign Painting (14)	A	NOTES:		
53	Stationery (14)	B	(1)	Actual Cash Value Basis Only	
119	Stenciling (14)	B	(2)	Limited Coverage for Designated Unmanned Aircraft replaces Exclusion Unmanned Aircraft	
54	Tailoring, Alterations, Seamstresses (14)	A	(3)	Personal and Advertising Injury Exclusion Applies	
120	Tax Preparation (14)	B	(4)	Intellectual Property Hazard Exclusion Applies	
98	Taxidermist (14)	B	(5)	Products Liability Exclusion Applies	
70	Teachers/Tutors, except sports, physical education, industrial or martial arts (10) (14)	Z	(6)	Includes Professional Services	
55	Telemarketing, Telephone Solicitation (3) (14)	B	(7)	Pet Sitters and Plant Care Services Endorsement Applies	
85	Telephone Answering Service/Voicemail (14)	B	(8)	Residential Inspection Services Endorsement Applies	
86	Toner Cartridge Recharging (14)	Z	(9)	Medical Expenses Coverage Exclusion Applies	
56	Transcribing, Court Reporters (3) (14)	B	(10)	Abuse/Molestation Exclusion Applies	
87	Translator (3) (14)	B	(11)	Food Contamination Endorsement & Selected Products Exclusion Applies	
105	Travel Agent (14)	B	(12)	Failure to Supply Exclusion Applies	
			(13)	Limitation – Energy Equipment as BPP Applies	
			(14)	Communicable Disease Exclusion Applies	

RATE SHEET

Standard Coverages

Business Personal Property
on premises or temporarily off premises Limit \$5,000

Business Liability Limit \$300,000

Business Loss of Income ONE YEAR TIME LIMIT

Deductible (no other choice available) \$250

Minimum Earned Premium 25% of written premium
(Applies to policy cancellations)

<u>Base Rate</u>				
<u>Territory</u>	<u>ZIP Code Sectionals</u>	<u>Rate Group Z</u>	<u>Rate Group A</u>	<u>Rate Group B</u>
3	Entire State	\$201	\$159	\$159

Optional Coverages Available

I. Additional Business Personal Property (BPP) Coverage

In excess of the \$5,000 automatically provided in the Base Rate.
Maximum limit for BPP coverage is \$100,000.

Location One BPP:

Territory	Rate Group Z	Rate Group A	Rate Group B
	Rate Per 100	Rate Per 100	Rate Per 100
3	\$2.75	\$1.40	\$0.90

Location Two BPP:

Territory	Rate Group Z	Rate Group A	Rate Group B
	Rate Per 100	Rate Per 100	Rate Per 100
3	\$3.30	\$1.68	\$1.08

II. Money and Securities Coverage

<u>On/Off Premises</u>	<u>All Rate Groups</u>	<u>On/Off Premises</u>	<u>All Rate Groups</u>
\$1,000/\$1,000	\$ 30	\$ 5,000/\$2,000	\$147
\$2,000/\$1,000	\$ 59	\$ 7,500/\$2,000	\$237
\$3,000/\$1,000	\$ 88	\$10,000/\$5,000	\$288
\$4,000/\$1,000	\$117		

III. Increased Limits of Liability

\$500,000 = \$25
\$1,000,000 = \$60

IV. Limitation – Business Personal Property – Jewelry and Watches

\$20 Charge to increase limit up to \$250 per item

V. Identity Fraud Expense Coverage

\$35 Charge

(\$25,000 aggregate limit for identity fraud expense coverage and a \$5,000 aggregate limit of coverage for additional advertising expenses incurred by the named insured to generally restore the insured's reputation as a result of identity fraud)

-- RATE SHEET CONTINUED ON PAGE 5 --

RATE SHEET continued

VI. Additional Insured Charge

\$20.00 charge per each additional insured. The only additional insureds we will add are as follows:

Controlling Interest, Owner or Lessor of Leased Land, Co-Owner of Insured's Premises, Manager or Lessor of Premises, Lessor of Leased Equipment, Grantor of Franchise, Grantor of License, State or Political Subdivision (for some permits), Dispatcher or Referral Service

VII. Waiver of Transfer of Rights of Recovery Against Others To Us

\$20.00 charge per each named person or organization scheduled.

In the policy insured's have the option to waive their rights of recovery against another party in writing. The option for the company to schedule a named person or organization is being provided at the fee described.

VIII. Garagekeepers Coverage

Provides comprehensive and collision causes of loss at either \$30,000 or \$60,000 limits. Choices of coverage basis include: Legal Liability, Direct Coverage - Excess (excess over customer's policy) or Direct Coverage – Primary

Add the appropriate charge for the limit and coverage basis combination from the following table:

Combined rates for comprehensive and collision

State/Territory	\$30,000			\$60,000		
	Legal Liability	Direct Excess	Direct Primary	Legal Liability	Direct Excess	Direct Primary
Virginia	230	264	310	380	437	515

IX. *Coverage for Certified Acts of Terrorism

(The charges outlined below are subject to change, as they have been filed under the Use and File provision of the Federal Terrorism Act.)

Territory	Charge
3	\$1

*Applicable unless the coverage is rejected. Form UW 20313G must be submitted with the application to reject coverage for Certified Acts of Terrorism.

RATE SHEET continued

X. Unmanned Aircraft

Coverage Endorsement & Brief Description			
Coverage is provided by attaching BOP 347 – Limited Coverage for Designated Unmanned Aircraft <i>When selected BOP 347 replaces BP 15 11 Exclusion Unmanned Aircraft</i>			
Coverage A – Bodily Injury & Property Damage Coverage B* - Personal & Advertising Injury			
<i>*Coverage B is Not Available When Policy Includes Business Classification Attaching Personal & Advertising Injury Exclusion Or with Business Classifications Publisher & Website Designer</i>			
Other Than Non-Owned Aircraft Rates <i>Requires Business Classification: 148 – Unmanned Aircraft Operations</i>	Business Liability Occurrence Limit	Maximum Gross Takeoff Weight Range Above 55Lbs. Not Eligible for Coverage	
		Light <i>(15Lbs. or less)</i>	Medium <i>(Greater than 15Lbs. but less than 55 Lbs.)</i>
Coverage A & B* selected	\$300,000	\$280	\$550
	\$500,000	\$360	\$710
	\$1,000,000	\$500	\$1,000
Coverage A only	\$300,000	\$200	\$390
	\$500,000	\$250	\$500
	\$1,000,000	\$350	\$710
Coverage B* only	\$300,000	\$80	\$160
	\$500,000	\$110	\$210
	\$1,000,000	\$150	\$290
Non-Owned Unmanned Aircraft <i>Liability Coverage Options Available As Previously Defined Above for Other Than Non-Owned Aircraft Rates. Business Personal Property Coverage Does not apply.</i>		Non-Owned Unmanned Aircraft Liability Premium Rating: ½ the premium of the anticipated weight class for coverage selection, Coverage A – Bodily Injury, Coverage B* - Personal & Advertising Injury, or Coverage A & B*.	

Rates shown above apply to each unmanned aircraft unit listed on a policy.

XI. Inland Flood Coverage

\$23 for the first \$5,000 of Business Personal Property coverage per eligible locations.

Each additional \$1,000 of coverage applies a rate of \$2.00.

Total Inland Flood limit will be equal to the Business Personal Property limit for each location where coverage applies, not to exceed the maximum location limit of \$50,000 or the maximum policy limit of \$100,000.

\$500 Deductible Applies.

Eligibility is dependent upon location of single and multiple family dwellings (not including mobile homes), KatRisk Inland Flood Risk Scoring, FEMA Flood Zones and FEMA Special Flood Hazard Areas, Geocoding Matching, "SLOSH" scoring (Sea, Lake and Overland Surges from Hurricanes).

For occurrence limits greater than \$15,000 sub-limits of \$15,000 will apply for Business Personal Property in a basement and Limited Fungi, Wet Rot or Dry Rot coverages.

RLI[®] PRODUCTION GUIDE

The RLI Home Business Insurance Program is designed for small businesses which are operated out of a person's home. These entrepreneurs may find it difficult to obtain appropriate and affordable insurance through a conventional commercial lines approach. Yet the homeowner's policy on the residence normally excludes any losses arising from "business pursuits."

The types of enterprises specifically targeted are individuals engaged in the retail distribution of products and/or services with operations based from their place of residence. **Professional Liability is excluded on all classes, except Barbers and Beauticians.**

NO BINDING AUTHORITY IS EXTENDED.

Eligibility

A Home Business includes a retail or service business operated from the insured's place of residence and having the following characteristics. It must:

- Be operated by the insured and/or another immediate family member who resides in the insured's household.
- Employ no more than ten (10) employees, other than independent contractors or distributors.
- Be incidental to the occupancy of the building as a private residence.

Additional Location Eligibility

Risks may **store BPP** at an additional location, but may not operate their business from an additional location. The following are examples of an eligible additional location:

- Insured rents or owns a second home.
- Partnership/Corporation – Two or more owners each working from their own home. (Note: Please obtain underwriting approval for insured employees working from their homes.)
- Storage Units (Maximum Size: 250 Sq. Ft.)
- Outbuildings located on the insured's premises but more than 100 Ft. away from their home (Any size).

Risk Size Limitations

Risks exceeding the size limitations listed below will be declined.

- A maximum of \$100,000 business personal property value.
- A maximum gross annual sales/receipts derived from the business activity of \$250,000 for sales of merchandise **or** \$500,000 for a service business.

Underwriting Guidelines

All risks must meet the following Underwriting Guidelines.

- Building coverage is NOT available from RLI under this program.
- The limit of insurance for business personal property must equal 100% of the replacement value.
- The applicant does not own any business under the same legal name as this business which is operated at a different location.
- The dwelling cannot be located within 1,500 feet from the seacoast on the Gulf of Mexico or the Atlantic Ocean. (N/A in RI)
- The applicant does not repackage food or personal care products to be sold under their own label.
- The applicant is not involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids.
- The applicant does not install any products, excluding installation of computer systems, office equipment, locksmith devices or draperies.
- There have been no more than two (2) claims of any type, related to the business operation, in the previous three (3) years.
- There has been no single claim, related to the business, for more than \$25,000 in the previous three (3) years.

Optional Coverages

- Money and Securities (up to \$10,000 on premises/\$5,000 temporarily off premises).
- Additional Business Personal Property (in excess of the \$5,000 automatically provided).
- Optional Liability Limits of \$500,000 and \$1,000,000 (\$300,000 automatically provided).
- Additional Insureds: Controlling Interest (in this business); Owner or Lessor of Leased Land; Manager or Lessor of Premises; Lessor of Leased Equipment; Co-owner of Insured Premises; Grantor of Franchise; Grantor of License, State/Political Subdivision (for permits relating to the premises); or Dispatcher or Referral Service.
- Waiver of Transfer Of Rights Of Recovery Against Others to Us – Optional policy coverage form providing the ability to schedule a named person or organization.
- Jewelry and Watches Increased Limit Coverage – An additional coverage that modifies the property limitation in the Businessowners Coverage Form BP 00 03 which currently limits coverage per item to \$100 or less. (BOP 429 – Limitation – Business Personal Property increases the limitation to cover items \$250 or less. A \$20 service fee is charged to add this endorsement).
- Identity Fraud Expense coverage – This optional endorsement provides \$25,000 aggregate limit for identity fraud expense coverage and a \$5,000 aggregate limit of coverage for additional advertising expenses incurred by the named insured to generally restore the insured's reputation as a result of identity fraud.
- Garagekeepers coverage – This coverage is available for insureds who temporarily take possession of customers' autos in the normal conduct of their business. It provides comprehensive and collision causes of loss at \$30,000 and \$60,000 limits on the following basis: Legal Liability, Direct coverage – excess (excess over customer's policy), or Direct coverage – primary.
- Unmanned Aircraft coverage – This coverage is available for insureds who operate a drone for hire, own a drone and use it in one of our 140 eligible business classes, or pays a drone operator to provide services. Coverage provided for Non-Owned and other than Non-Owned Unmanned Aircraft with MGTOV of 55Lbs or less for Bodily Injury & Property Damage and/or Personal And Advertising Injury.
- Inland Flood Coverage – This coverage is available to eligible dwelling locations. Inland Flood means a general and temporary condition of partial or complete inundation of normally dry land area on the "described location" resulting from: Overflow of inland waters, an unusual and rapid accumulation or runoff of surface waters from any source including but not limited to rainfall and ice melt, or mudflow. Inland flood does not mean or include tidal wave or tsunami.

Availability

Product is available in all U.S. states and the District of Columbia.

Forms and Endorsements:

In addition to class specific forms, the following Forms and Endorsements will be included in the policy at the time of issue:

- BP 00 03 (07/13) BUSINESSOWNERS COVERAGE FORM
- BP 01 32 (10/15) VIRGINIA CHANGES
- BP 04 17 (01/10) EMPLOYMENT RELATED PRACTICES EXCLUSION
- BP 05 77 (01/06) FUNGI OR BACTERIA EXCLUSION (LIABILITY)
- BP 05 98 (07/13) AMENDMENT OF INSURED CONTRACT DEFINITION
- BP 07 04 (01/06) BUSINESS LIABILITY COVERAGE – PROPERTY DAMAGE LIABILITY DEDUCTIBLE (PER OCCURRENCE BASIS)
- BP 12 16 (07/02) VIRGINIA EFFECTIVE TIME CHANGES – REPLACEMENT OF 12 NOON
- BP 12 17 (07/02) VIRGINIA CHANGES – POLICY PERIOD
- BP 14 19 (01/10) EXCLUSION – DAMAGE TO WORK PERFORMED BY SUBCONTRACTOR ON YOUR BEHALF
- BP 15 05 (05/14) EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
- BP 15 11 (12/16) EXCLUSION – UNMANNED AIRCRAFT
- BOP 405 (01/10) AMENDMENT TO PROFESSIONAL LIABILITY EXCLUSION
- BOP 410 (01/13) PERSONAL PROPERTY OFF PREMISES
- BOP 413 (07/02) EXCLUSION – WEIGHT LOSS PRODUCTS
- BOP 414 (01/13) EXCLUSION – MEDICAL EXPENSES COVERAGE
- BOP 415 (07/02) DEFINITION – VOLUNTEER WORKER
- BOP 426 (11/07) AUTOMATIC INCREASE – BUSINESS PERSONAL PROPERTY
- BOP 434 (01/13) EXCLUSION – COVERAGE EXTENSIONS
- BOP 441 (01/13) AGRICULTURAL OPERATIONS EXCLUSION
- BOP 442 (01/13) RENTAL DWELLING EXCLUSION
- ILF0001CVA(04/16) SIGNATURE PAGE
- BP 05 24 (01/15) EXCLUSION OF CERTIFIED ACTS OF TERRORISM*
- BP 05 26 (01/15) EXCLUSION OF CERTIFIED ACTS OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL TERRORISM; CAP ON COVERED CERTIFIED ACTS LOSSES**

*Applicable When Terrorism Coverage Is Rejected **Applicable When Terrorism Coverage Is Accepted